Postgraduate Medical Journal (May 1972) **48**, 260–261.

The Casualty Surgeons' Association

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I WAS very pleased to be asked to attend this Conference and to express the views of the Casualty Surgeons' Association as I see them. I think the best way to introduce this topic is from an historical point of view.

Before the inauguration of the National Health Service all the London teaching hospitals ran a casualty department though it was not always given this name. Most of them were run in the traditional manner and all casual attenders were seen. However, in some, although accidents were welcome, patients with illness were compelled to bring a letter from their own general practitioner. Some of the hospitals ran what they called a 'sorting room' where casual attenders, with or without letters, could be seen, their priorities assessed and arrangements made for their urgent admission or their attendance at a regular out-patient clinic. The one factor common to all hospitals was that the work was done by the junior residents usually overseen by the RSO and RMO. I am sure in the conditions prevailing at that time a very useful service was given. I find it hard to believe the apocryphal story of the teaching hospital where the sorting was done by the porter. It is said that his criteria were simple—'Oedema of one leg was surgical; oedema of two legs was medical'. With the introduction of the National Health Service in 1948 very little change occurred. The bulk of the work was done by the junior staff and in many hospitals these doctors also had ward duties. It was exceptional for there to be a special casualty officer appointment and even when there was the night work was nearly always done by the junior resident staff. In most cases this work was regarded as an unpleasant chore and no special interest was taken in it by any senior member of the hospital staff.

About 1953 Doctor Patterson, who was then Senior Medical Officer to the Newcastle Regional Hospital Board, became concerned about deficiencies in the casualty service and suggested the appointment of a senior casualty officer. At this time there was a large number of time expired senior registrars and it was felt that as well as providing a chance to improve the casualty service it would help these people to obtain permanent, though sub-consultant, appointments. Following consultations between the profession and the Ministry it was agreed that where circumstances were appropriate an 'Officer may be appointed with the title senior casualty officer, on the scale within the senior hospital medical officer range according to qualifications and experience. The tenure of the post was not to exceed 4 years'. Apart from some notable exceptions in certain places, i.e. Leeds, this was the beginning of the specialist casualty officer and there are probably now about ninety people holding this appointment throughout the country.

I think it is reasonable to say that these appointments on the whole proved satisfactory and succeeded in raising the standard of the casualty service. The Nuffield Provincial Hospital Trust which investigated the standard of casualty work in 1960 reported that where there was a senior casualty officer the standard of work was on the whole higher. They supported the idea of a full time senior doctor in the casualty department. Soon afterwards the Platt Committee was asked by the Accident Service Review Committee to look again at the problem of staffing casualty departments.

Following a rather brief investigation they recommended that all casualty departments should come under the supervision of a consultant who would be a specialist in another subject though he would usually be an orthopaedic or general surgeon. They recommended that he should supervise the casualty department on a part-time basis. They did not favour a full-time casualty consultant.

Up to this time, the casualty officers of this country had failed to get together and were unaware of the situation into which they had fallen. However, Mr D'Costa in the north east of England saw the dangers of the Platt report and set about collecting the casualty officers into a group. He formed a steering committee through the BMA and between March 1962 and March 1963 a group of senior casualty officers prepared a petition to the BMA to form a group within the Association. This led to a meeting on Tuesday 5 March 1963 when twelve senior casualty officers met the executive committee of the Central Consultants' and Specialists' Committee and expressed their concern at the effect of the implementation of the Platt report. They were concerned for the future of the casualty services and for the future career prospects of the holders of senior

casualty officer appointments. They were told that all senior casualty officers were likely to be transferred to the medical assistant grade and that the chances of consultant appointments being created were slight. The casualty officers pressed for the formation of a group within the BMA. When it seemed unlikely that this would be accepted they agreed to the formation of a subcommittee to the Central Consultants' and Specialists' Committee to study their pressing problems and report to the parent committee. Mr Langston, who was then chairman of the Central Consultants' and Specialists' Committee, expressed the view that the Ministry was unlikely to change its policy which was *against* the creation of consultants in casualty work only and that considerable evidence would have to be placed before the Joint Consultants' Committee before it could be expected that this committee would change its views and recommend a career grade at consultant level in casualty work.

Mr Walpole Lewin was elected chairman of the subcommittee and a memorandum was produced. The memorandum suggested that there had been over-emphasis in the Platt report on the traumatic aspect of casualty work and that better provision for the management of the emergency situation from whatever cause should be made. The status and duties of senior casualty officers was discussed and evidence was presented to show that an experienced doctor with an interest in casualty work had a continuing role to play in the further development of the accident and emergency services (the Platt Committee had recommended that the name be changed from casualty to accident and emergency department). The committee also recommended that there should be a career to consultant level in accident and emergency work and outlined the essential qualifications and training. It was felt that a full career in casualty or accident and emergency work with a possibility of consultant status was essential if efficient accident and emergency departments were to be created and if sufficient staff were to be forthcoming to run these departments. With the support of Lord Brock, who was then President of the Royal College of Surgeons, this memorandum was favourably received by the Joint Consultants' Committee.

Following further discussions between this committee and the Ministry of Health the following Memorandum was accepted and published in the *Lancet* on the 23 April 1966:

'The Joint Consultants' Committee has discussed with the Health Department the staffing of accident and emergency departments. It has been agreed that it may well be proper in certain cases for such departments to be the responsibility of a consultant giving all his time to this work. Such a consultant appointment may be advertised in the usual way and senior casualty officers are eligible to apply and may well be successful in competition.' However, in spite of this *no* casualty consultant appointments were made.

Feeling that they had done all that was possible through the BMA, the senior casualty officers in October 1967 formed the Casualty Surgeons' Association. The objects of this association were to promote and develop work in accident and emergency departments and to encourage the establishment of a career with proper training. It was the view of the Casualty Surgeons' Association that only when there is a full time consultant in the accident and emergency department with his whole interest in accident and emergency work will there be any improvement in the standard of the department. The Casualty Surgeons' Association continued to press this view and in 1969 attempted to bring it to prominence again by submitting a motion to the BMA representative meeting in Aberdeen. The idea of a career in casualty work was supported at this meeting. The BMA agreed to set up a working party under the late Doctor A. Skene of Liverpool. This working party met throughout 1970 and came up with a strong recommendation for a career in accident and emergency work.

At about the same time, a working party of the Accident Services Review Committee published its report. This severely criticized the standards of the accident and emergency departments. It pointed out that there was a failure of consultants in charge of accident and emergency departments to participate in the work and it emphasized the importance of this participation. However, it was still reluctant to recommend full-time consultants in accident and emergency work, though it did not on this occasion altogether condemn the idea.

The Casualty Surgeons' Association is still pressing for the creation of consultants in accident and emergency work and it is convinced that this will go a long way to improving the standard in accident and emergency departments. The association is concerned that the standard is low and it feels it is very important that it should be raised. It feels that the recommendations of the Platt Committee have been given a fair trial over 10 years and they have failed to appreciably affect the standards. The casualty surgeons' view is that a casualty or accident and emergency department must be concerned with the treatment of all patients who find themselves in an emergency situation and that while in certain industrial areas and alongside major roads there may be a high proportion of major trauma, in other accident and emergency departments, especially those large busy departments in the centre of metropolitan areas, the emphasis often falls more on medical and surgical emergencies and trauma may take third place.